

DISTRICT OF COLUMBIA ESCHEATED ESTATES FUND APPLICATION

Date submitted_____

I. GENERAL INFORMATION

A. _____
Legal Name of Organization

Address City/State Zip

Telephone Number Fax Number Ward

B. _____
Chief Executive Officer/Name and Title

Telephone Number (s) – Day and Evening

C. _____
Project Director (Attach Resume) Day and Evening phone numbers

D. _____
Project Site Address and Ward (s) (If different from above)

E. _____
Date of incorporation with the District (Attach “Articles”)

F. _____
D.C. Tax Exempt Number Federal ID Number

G. _____
Amount of this request Grant or Loan (Specify)

H. _____
Amount and Date of all Escheated Estates Fund Monies Received

II. EXECUTIVE SUMMARY

Briefly describe, in the space provided, the proposed project and how it will benefit the poor population of the District of Columbia. Refer to the corresponding item in the accompanying instructions for the definition of poor population, for these purposes.

III. STATEMENT OF CAPABILITY

Briefly describe, in the space provided, the organization's history, general purpose, and what your experience in administering was like on similar projects to the one proposed.

IV. DESCRIPTION OF PROJECT

A. In a narrative form please explain your organization's request for a grant or loan, using the specific instructions on page ii.

1) Specific need for the proposed project:

2) Objective of the proposed project:

3) Target population to be served:

a) State clearly how this population will be identified

b) Explain method to be used to determine Escheated Estates Fund income eligibility:

- 4) Total persons to be served during grant/loan year, e.g. 56 elderly, 100 youths, etc:
- 5) Work plan for this project, i.e., and an outline of how the proposed project will be implemented including a schedule, plan or curriculum of activities:
- 6) Benefits of the proposed project to the target population:

- B. Evaluation: How will the results of the proposed efforts be evaluated?
- C. Please explain how the project will be supported after the period of the Escheated Estates Fund grant/loan is over, if the project is to continue more than one (1) year.

- D. Indicate other sources of funding secured and being sought for the proposed project. Include date and dollar amount of other requests.
- E. Please indicate whether this is a new project, and if not, how and when it was previously funded.

F. Administration and Management: Please provide the following:

- 1) Brief narrative of how the funds will be accounted for and managed.
- 2) An itemization of the expenditures for the D.C Escheated Estates Fund requested.
- 3) Budget narrative to correspond with item (2):
- 4) Total cost of the proposed project to the organization:

- G. Please indicate if your request is for a loan or grant. Outline the proposed loan repayment plan and the source of funds for payment.

V. **ADDITIONAL FINANCIAL INFORMATION**

A. On a separate sheet, provide the organization's total fiscal year budget for the current year and the preceding year.

B. List any support requested and/or received in the past 4 years as follows:
For each item in lines (1) and (2), include the agency/ organization name, purpose and /or project for which funds requested, amount and date of requested amount, and date of request.
Also indicate the disposition of the request, including the amount and date of funds received, when applicable. (Use supplemental sheets as needed.)

1) D.C. Government Agencies

2) Other Agencies/Organizations

3) Which of the above funds, if any, were requested for the proposed project described in this application?

C. In the event that your application is approved and you are awarded a grant, it may be necessary for your organization to complete an IRS Form W-9 and a D.C. Government Supplier/Vendor Information Form. In order to expedite processing your funds if they are granted, please contact our office at (202) 727-6306, to have these forms faxed to you for completion.

I hereby certify that I am authorized to make application on behalf of

Name of Agency/Organization

for a grant/loan from the District of Columbia Escheated Estates Fund and that all of the information provided in this application is true, to the best of my knowledge.

If funds are being requested for salaries or operating expenses, I certify that the relevant staff services and/or operating expenses will be used exclusively to provide a direct benefit to low-income District residents.

In the event that I am unable to appear personally to accept any grant or loan, which may be awarded from the Escheated Estates Fund, I hereby certify the person whose name appears below is authorized to do so, on behalf of the organization listed above.

Chief Executive Officer

Date

Name of Authorized Person

Signature

Title

Subscribed and sworn before me this _____ day of _____, 20__

(Notary Seal)

Notary Public

Commission Expires